

CLAIMS ONLY								Application Number <div style="font-size: 1.2em; font-family: cursive;">10-765 433</div>		Filing Date		
								Applicant(s)				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3											
Total Depend	28											
Total Claims	31											
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Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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